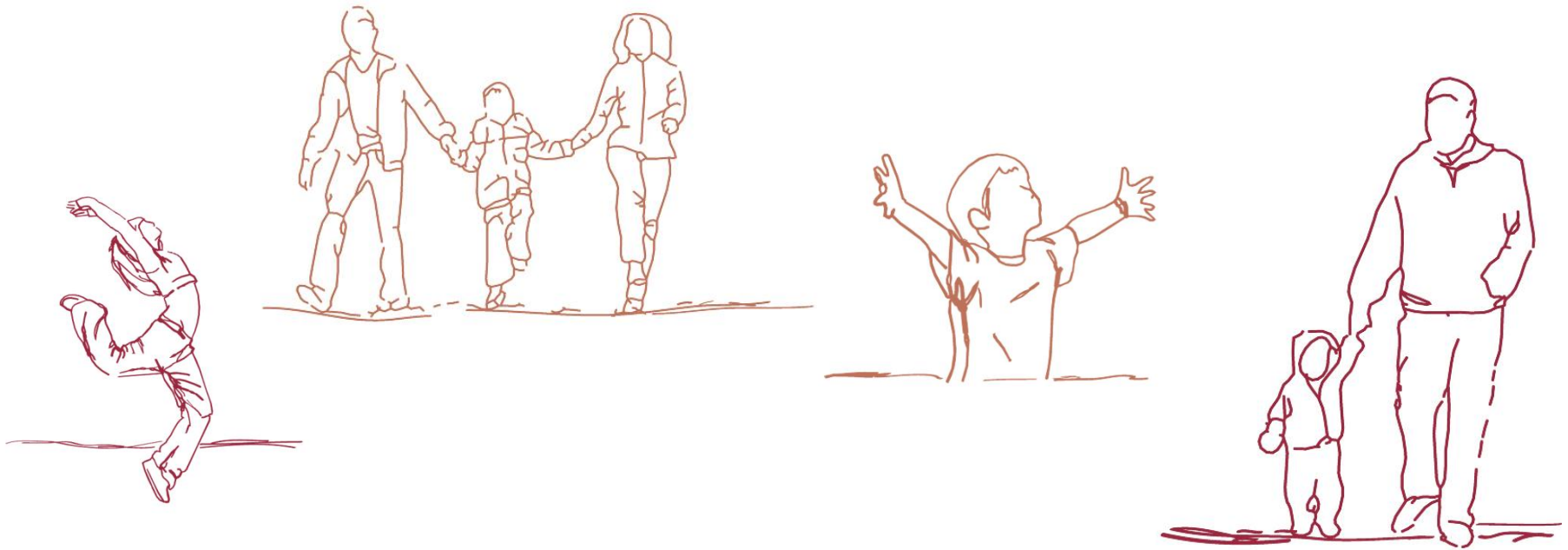


Review of Integrated Service Models for Pre-adolescent & Adolescent Populations



Review of Integrated Service Models for Pre-adolescent & Adolescent Populations

Creating caring and inclusive communities and a just society

Presented by
Dr Margaret Brechman-Toussaint
The Benevolent Society
24th August 2010



Acknowledgements

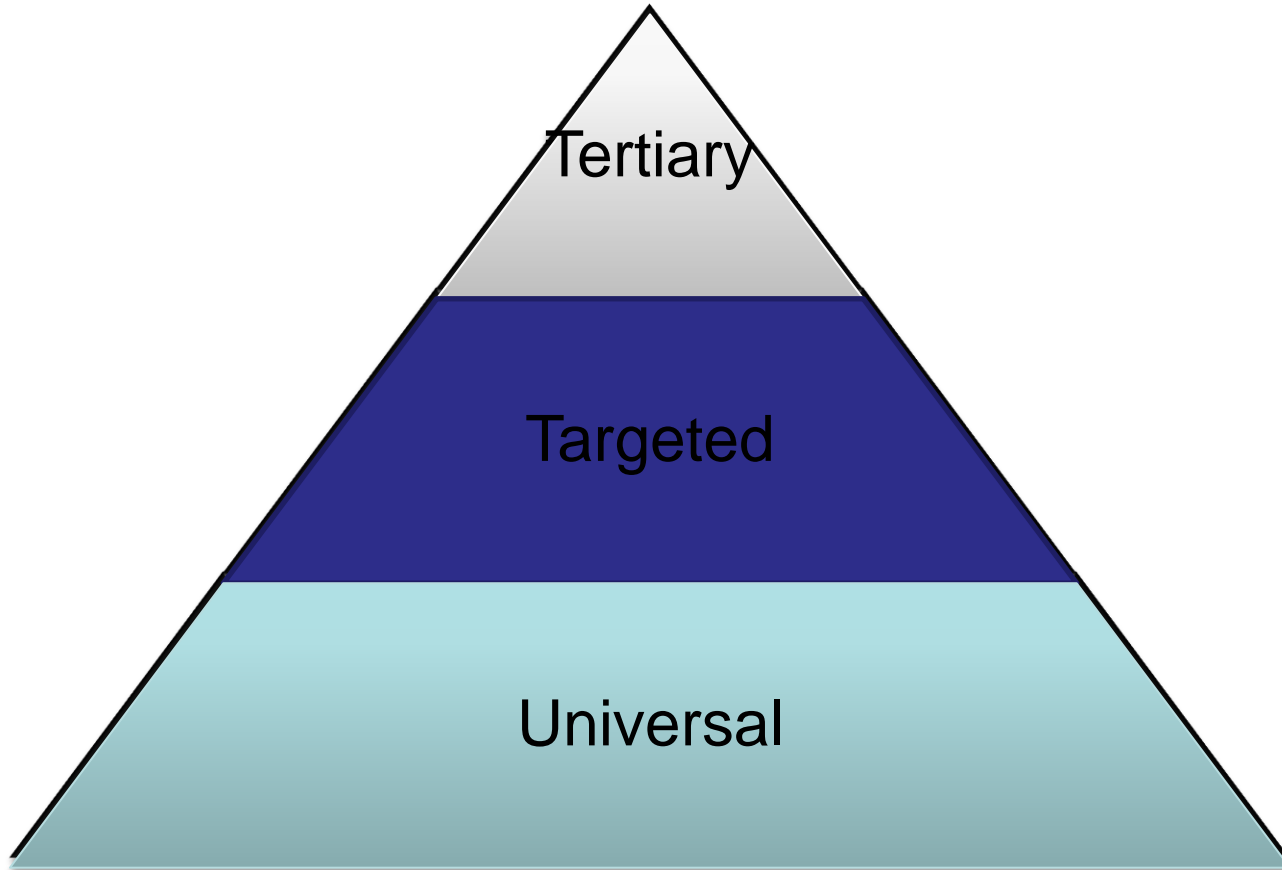
- ARACY – New collaboration grant
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- University of Sydney
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- Why Integrated Practice?
- Research Methodology
- Summary of Top-Down Models –Barriers and Enablers
- Summary of Bottom Up Models- Barriers and Enablers
- Future Implications

Notion of Integrated Service Models

- Bring services from the health, education and social welfare sectors together - more accessible, user friendly, broader outreach
- Most knowledge from the early years arena (0-8 Yrs).
- Models typically take a prevention/early intervention approach
- Gap in knowledge of integrated services 9+ yrs
- Effective strategies for pre/adolescence important for a number of reasons

Integration Framework Public Health Prevention Model



Continuum of Integration

Localised networks
working collaboratively



Professionals working in silos



esp10030 www.fotosearch.com

Mainstreamed Integrated
working - formalised policy and
procedures, common goals/
vision, common assessment
tools, data management
systems

Integrated Working



Health
Education
Community Services
Justice & Policing
Infrastructure
Business Development
Sport & Recreation
Housing
Transport
Agriculture
Environmental Preservation

Stronger

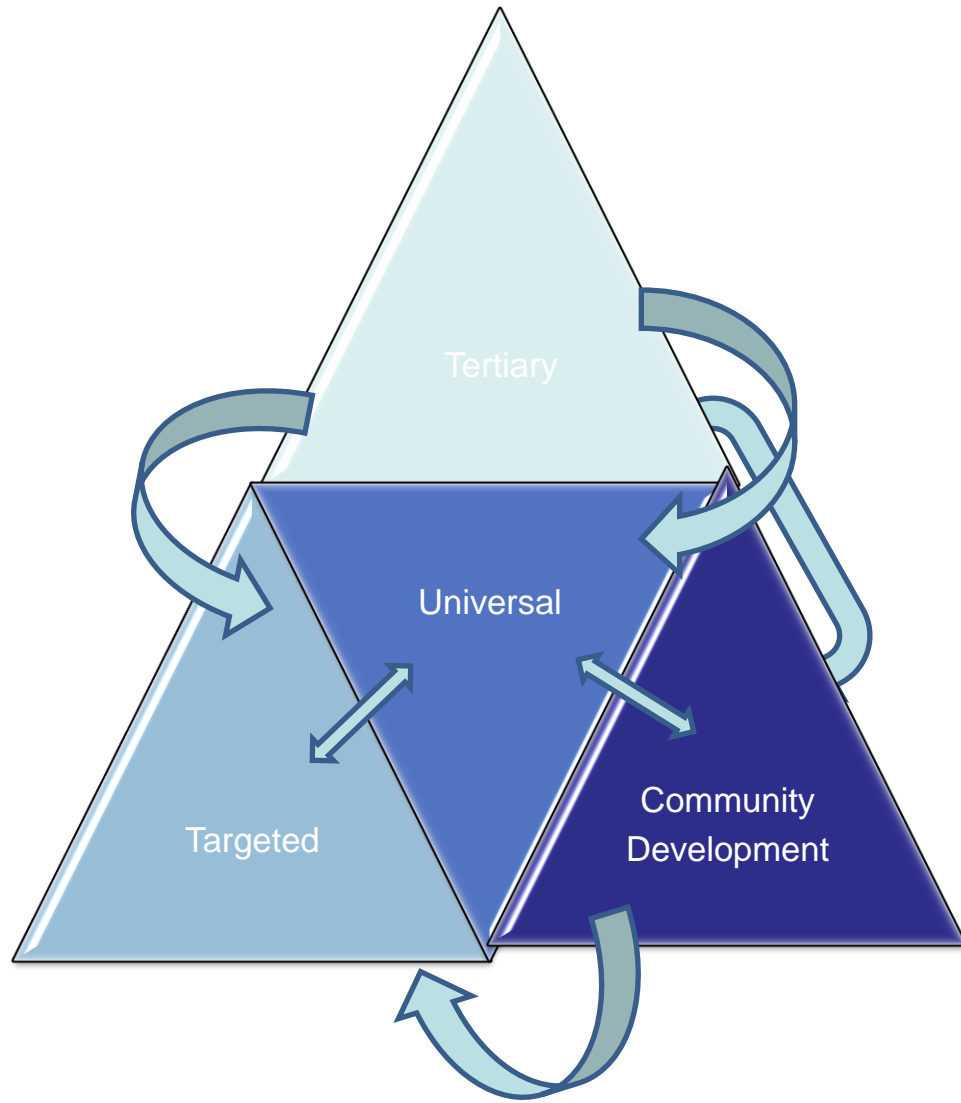
Together

Building Social Capital

- **Social Capital: Glue that holds societies together without which there can be no economic growth or human well-being (World Bank 1998)**

Multidimensional construct

- **Bonding** social capital – provides a sense of belonging and is critical to the wellbeing of the members of families and groups
- **Bridging** social capital – creating connections and ties across diverse, heterogeneous social groups
- **Linking** social capital – forging alliances between hierarchies in positions of power to access resources and opportunities from beyond their immediate community



Research Methodology

- **Criteria for inclusion in review**
 - ❖ age range 12 yrs (+ or- 3 yrs) to 15 years +
 - ❖ integrated approach defined by 3 of the following (a) capacity to meet multiple needs (b) coordinated service plan to meet individual need (c) interagency relationships (d) recognition of ecological risk and protective factors in service plans
 - ❖ suite of services focus on at least 2 broad areas of health; education; social welfare; family support; physical, social or emotional wellbeing.

Research Methodology

- Procedure
 - ❖ search for secondary sources – search engine/data-base searches (Google Scholar, Proquest, Eric, Medline etc) published literature, policy documents; strategic plans; evaluation reports; websites. etc.
 - ❖ broad range of key words and key word combinations
 - ❖ letter of introduction to national services identified seeking agreement for inclusion in review + consent form
 - ❖ 2 site visits – semi-structured interview using protocol developed for similar purposes in UK.

Models of Integration

- Top-down
- policy decision: integration is mandatory as part of service agreement but how it happens can be left to local agencies. Governance and Leadership is important.
- Bottom up
- attempt to meet local need out of concern for increasing access, pooling resources etc. Often general sense of goodwill rather than defined structure is important

Top Down International Models

| Program Name & Location | Population reach | Age range | Health | Education | Social Services | Community Development |
|---|---|------------|--|---|--|---|
| Extended Schools UK Nation Wide 150 Localities (in some cases school clusters rather than individual schools) | Universal Targeted Tertiary | 5-19 years | Health & Allied health specialists (hospitals, mental health, speech, beh) | Extended hours childcare Activities to promote learning for children and parents – adult education | Parenting support; Family support Activities to broaden interests, promote strengths | Access to facilities Music, dance, computers etc. |
| SUN Community Schools & Service System (Schools Uniting Neighbourhoods) USA Oregon – Multnomah County | Universal platform (but targeted areas – low decile schools) | 6-17 years | Mental health screening and referral | Academic and life goals, academic support, adult education, field trips | Parent education, Rent assistance. family support, conflict resolution, alcohol and drug counseling, homeless, runaway emergency services | Community hubs, engagement, & development activities |
| Social Workers in Schools (Primary and Intermediate) New Zealand Nation Wide | Universal platform (but targeted families) | 5-14 years | Links to health services as part of case-management plan | Academic support | One-on-one and group support programs + links to other agencies as required | No |
| Strengthening Families New Zealand – Nation Wide - Community based | Targeted and Tertiary top 5% at risk of poor outcome – multiple service user | 0-18 years | All relevant health services including mental health and drug and alcohol services | All educational support personnel including Social Workers in Schools | Child Youth and Family Services, parental employment and assistance programs, NGO family support and parenting programs. justice programs, housing, child safety | Linking community based agencies & local government partners (unclear in terms of programs) |

Governance Models

Top Down International Models

| Program Name & Location | Levels of Governance | Functions of Levels | Parent/ Child Inclusion | Integration positions |
|--|---|---|--------------------------------|--|
| Extended Schools UK (Every Child Matters Policy Framework) 150 local change plans in LA's | National Policy for integrated services | Funding body – Defines broad parameters of service model to achieve desired outcomes | Yes Green paper consultation | Multi-disciplinary teams; Extended Schools Remodeling Advisor & Cluster Manager |
| | Local Authorities (LA) Children's Trust (Interagency) | Decision making power – how government & NGO services will integrate to meet local need | Unclear | |
| | Local Safeguarding Children Board within each LA | Ensure strategies for most disadvantaged & vulnerable including LAC and those with special needs disabilities | Unclear | |
| | School level – principal, teachers, support staff community reps, parent reps. | Consult with LA to understand strategic plan and existing integrated models. Identify need and determine services they will delivery within the school to support school improvement plan | Yes prior to set up & annually | |
| SUN Community Schools & Service USA (School-aged Policy Framework). Currently 58 schools | County community committee | Developed service model that built on assets. Realignment resources & funded initiative | Yes | Full time SUN site manager, Site Partner Teams; Lead Agency. |
| | Coordinating Council | Provides ongoing governance, guidance and support for broad service system integration | Yes | |
| | Site Advisory Committee | Engages in annual strategic planning | | |
| Social Workers in Schools NZ- (128 SW in 320 low decile schools) | Lead agency | Employs and supports the Social Worker | No | Social Worker |
| | School personnel | Involved in recruitment of the SW provides office space etc. | No | |
| Strengthening Families NZ Welfare to Wellbeing Policy Framework | Chief Ex of Gov Agencies | Set overall strategic direction nationally | | Strengthening families coordinators |
| | Regional Governance Group | Contributes to overall strategy and develops regional strategy for roll out, overcomes roadblocks | Yes | |
| | Local Management Group | Identifies local service gaps, avoids duplication, oversees service model working on the ground, | Yes | |

Extent of Integration Achieved

Top Down International Models

| Program Name & Location | Level of Integration | Formal Support | CAT | Data Man | Service Delivery Model |
|--|--|--|---------------------------------------|----------|---|
| Extended Schools UK Funding commenced 2008. – currently only 4 year commitment | Fully integrated for universal and targeted services – some embedded specialist services but also facilitated access to these. | Legislation, work-force reform , guidelines for practitioners; structured, processes and protocols, common language, nnuual Joint Area Review and improvement cycle | Yes | Yes | Multi-agency, multi-disciplinary teams – team around the young person |
| SUN Community Schools & Service System - USA Schools commenced 1999, SUN Service system commenced 2004 | Core services located within the school. Community hub approach, Lead agency acts as managing partner. | Broad Policy Framework – outlines core services, annual strategic planning across the county. | Unclear | Unclear | May be collaborative service model rather than truly integrated. One service manages Tertiary services (Touchstone) |
| Social Workers in Schools NZ. (commenced 1999 full operation 2000). | Cooperation and collaboration | Agreed protocols for working together and student care plans | Yes but limited standardized measures | No | Case management – multiple agencies involved Social Worker acts as constant link. |
| Strengthening Families NZ (commenced, 1997) | Coordinated and collaboration | Protocols for interagency collaboration developed at the local level by committee made up of NZ gov, city gov agencies, and NGO's . Protocols designed to avoid duplication of services. | Unsure | unsure | Case management Facilitated collaborative case conference – all players around the table |

Top Down International Models Success of Initiative

| Program Name & Location | Population reach | Age range | Health | Education | Social Services | Community Development |
|--|--|------------|--|---|--|--|
| Extended Schools UK Nation Wide 150 Localities Evaluation of 32 School sites in 54 locations 2006-2007. Evaluation report 2008.- result dependent on action in local plans | Universal Targeted Tertiary | 5-19 years | Parents adopt a healthier lifestyle No other health outcomes reported | ↑ Attendance, behaviour motivation, positive attitude to school community, ground etc. Parents attitude to learning ↓ Exclusions | ↑ Parents +ive engagement with school & in family, better equipped, self-confidence, aspirations self and children | Better access to facilities, range of services young people staying in school longer. |
| SUN Community Schools & Service – Evaluation report 2007-2008 indicates | Universal platform (but targeted areas) | 6-17 years | No specific health outcomes reported | ↑ academic achievement, attendance, behaviour, 3000, adult s engaged in learning | No specific outcomes reported | ↑ engagement of local businesses in supporting youth , easier access. to services, ↑adult learning |
| Social Workers in Schools Independent evaluation Belgrave et al 200 & 2002 | Universal platform (but targeted families) | 5-14 years | ↑health outcomes reported but not specific, subjective data limited number | ↑ reported but not specific – majority of data subjective rather than standardised measures more process than impact data | ↑ reported life changing for some significantly disadvantaged families case study data | ↑ ability to respond early, structural changes to how agencies collaborated |
| Strengthening Families New Zealand – No evaluation report since governance restructure in response to 2005 review | Targeted and Tertiary top 5% at risk– or multiple service users service user | 0-18 years | Not available | Not available | Not available | Increased community involvement & staff salaries in new model |

Comments or Questions

Australian Top Down Models

Local Top Down Models

| Program Name & Location | Target Population | Age range | Health | Education | Social Services | Community Development |
|--|--|----------------|---|--|--|--|
| head-space Nation Wide 30 locations metro, regional, rural. Primary care(GP's) universal platform | Universal Targeted Prevention/ Early Intervention focus | 12-25 years | Health, mental health & allied health (drug & alcohol, sexual health) | Employment and vocational services, study skills, non-clinical recreational and hobby skill building (e.g. music and art classes) | One-on-one & group support, family therapy, welfare services, leisure activities | Community awareness raising. |
| Turnaround program ACT | Tertiary & targeted – complex trauma, high risk (e.g self- harm, homeless, family risk factors) | 12-18 years | Youth Health, Mental health, Alcohol and drug | Student support services, work readiness skills, access to educational opportunities | Individual & family support, one-on-one and groups; Disability services; youth justice services; YMCA and PCYC activities | Increased Access and community connections; |
| Strong Families WA Initially piloted 2 locations (Midland and Albany) since 2009 going state wide | Targeted and Tertiary Families with complex needs and/or at high risk of poor outcome | 0-18 years | All relevant health agencies are involved | Department of Education is involved | Child protection, drug and alcohol, corrective services, housing etc | Unclear |
| Better Futures NSW Extension of Families first Initiative – Better Futures policy framework | Universal Targeted & Tertiary | 9-18 years | Unclear in terms of actual programs | Unclear in terms of actual programs | Unclear in terms of actual programs | Unclear in terms of actual programs |

Local Top Down Governance Models

| Program Name & Location | Levels of Governance | Functions of Levels | Parent/ Youth Inclusion | Integration positions |
|---|--|--|-------------------------|---|
| headspace Funded by Department of Health and Aging | Headspace national office | Coordinates and oversees overall initiatives has accountability to funding body | Unclear | Lead agency staff to coordinate and support the initiative including youth access workers |
| | Foundation Executive Committee, gov appointed advisory board and Chief Executive Officer | Setting strategic direction and overseeing governance of the initiative. | Unclear | |
| | Local Community Youth Service sector interagency advisory group | Consult locally to identify local need and ensure service model resourcefully meets this need. | Yes | |
| Turnaround Administered by Office of Children Youth and Family Support | Interdepartmental Steering Committee | Supervises the operation of the initiative, reports to the Management Council ACT | Unclear | Team Leader and 4 Case coordinators |
| | Referral Assessment Panel | Contributes to strategic direction, identifies systemic issues and service gaps. Consults with agencies at management level to discuss overcome issues | Unclear | |
| Strong Families WA Funded and administered by Department for Child Protection | Directors General | Provide leadership and direction ensure collaborative implementation , manage policy and other issues that cannot be resolved | N'A | Strong Family Coordinators |
| | Strong Families Monitoring Group | Set strategic direction, oversee implementation, ongoing evaluation, program responsiveness | Unclear | |
| | Regional Managers Group | Oversee local implementation and operations | Yes | |
| Better Futures NSW | Whole of Government Policy Framework | Set overall strategic direction within the state. | Yes consultation | Unclear |
| | South East Sydney Senior Officer s Group | Service mapping, identification of need, development of networks of practice | Yes consultation | |

Extent of Integration Achieved

Local Top Down Models

| Program Name & Location | Level of Integration | Formal Support | CAT | Data Man | Service Delivery Model |
|--|---|---|---------|------------------------------------|---|
| headspace Funding commenced 2006. –3 different rounds of funding, Likely more may come on board. | Integrated service delivery through Enhanced Care Plans and Better Outcomes in Mental Health initiative. Co-located and partnership arrangements. | Evidence base for what works (ORYGEN); Independent agency (Brain and Mind Research institute) provide community awareness campaign. Service – provider education and training by professional bodies (e.g. APS, AGPN) | Yes | Yes | Community hub – one-stop-shop - Action plans (care plans) and case conferencing, access teams for assessment – youth worker, clinical SW, Nurse etc |
| Turnaround ACT Result of a review of service system 2002 | Integrated service delivery amongst government agencies, collaborative arrangements with local NGO's | Memorandums of Understanding, which define the model of working in an integrated manner, Good Practice Framework to guide the actions of the service system, centralized assessment service | Yes | Unclear | Centralised assessment, comprehensive case plan, team around the chills includes natural support |
| Strong Families Western Australia Operating in two areas Midland & Albany since 2000 | Coordination and collaboration – Lead agency plays a coordination role. | Agreed protocols for working together and student care plans As of 2009 Partnership Agreements and Terms of Reference for Partners and Interested Parties. | Unclear | Strategies for information sharing | Interagency case management approach – family and agency representatives meet for info sharing and planning |
| Better Futures NSW Policy Framework expands Family First initiative | Networks of practice – Coordinated and cooperation | Policy Framework Service mapping report at regional level | Unclear | Unclear | Currently appears to be planning and identification of service delivery gaps |

Success of Local Top Down Initiatives

- **headspace** – 92% of 70 young people interviewed reported improved mental health – increased awareness in population, increased access to services
- **Turnaround** – N39 -↓in offending beh, ↑engagement with educational, vocational programs, and service sector
- **Strong Families** – positive outcomes led to roll out across the country (see Gordon report)
- **Better Futures** – no data available.

Barriers

- Often time limited funding
- Lack of funding for integration process
- Long start up time (9 mths+)
- Limitations in staff skill level & high staff turn-over
- Complexity of governance system & tendency for gov to withdraw interest over time
- Differences in: philosophy of agencies, ways of doing things, geographical boundaries, lack of consistent impact or outcome data
- Failure to clearly identify role and responsibility of different agencies
- Privacy and consent issues

Facilitators

- Community and youth consultation early in development of the service model – buy in of agencies on the ground
- Being united on purpose and having a joint vision vertically and horizontally across agencies
- Committed leadership with a clear understanding of strategic and operational features of the model
- Engagement of whole senior management team and effective team building vertically and horizontally
- Opportunity for regular review and refinement based on local need identification
- Good practice framework - research strong knowledge base
- Inclusion of soft entry points for youth engagement

Questions or Comments

What About Bottom Up Models?

How do they shape up?

Bottom Up Models

- Driven by identified need, passion of a champion(s) for integrated approaches
- Local ownership=Stronger commitment to partnership, collaboration etc.
- Often less complicated governance arrangements – may be single agency
- More community/consumer input into identification of local needs, goals for the future, and service planning

Examples International Bottom Up

| Program Name & Location | Target Population | Age range | Health | Education | Social Services | Community Development |
|--|--|----------------|---|--|---|--|
| Mount Sinai Adolescent Health Centre Established 1968 | Universal Targeted Prevention/ Early Intervention focus | 10-23 years | Health, mental health & allied health (drug & alcohol, sexual health) | Health education focus HIV, reproductive health, physical emotional behavioural health are integrated into each care plan | One-on-one & group support,. Goal to learn healthy decision making, value self and become informed health consumers | Youth Advisory Board meets regularly with staff to advise on relevance of services & feedback on services Peer mentoring, training centre for specialist adolescent health, research active, young people develop surveys etc. |
| Youth one stop shop NZ 12 around the country NGO self-funded | Universal Targeted | 10-24 years | Range of health mental health services – GP nurse & psychologist, | Life skills programs Holiday and recreational programs | Drug and alcohol awareness programs | Unclear |
| Communities in Schools NGO established 1977 Works with the school provides planning framework for community connections | Universal in targeted locations + Targeted based on assessment Drop out prevention initiative | 5-19 years | Health screening, Youth Health, Mental health, Alcohol and drug | Provision of school supplies, career fairs, field trips, tutors mentors after school program, mentors, tutors, engaging parents in children's learning | Emergency food and clothing, grief counseling, legal assistance, recreation/cultural activities, family support | Aim is to harness community resources to support young people through school. Evidence of decreased school drop out rates and increased graduation rates. |

Extent of Integration Achieved

International Bottom Up

| Program Name & Location | Level of Integration | Formal Support | Service Delivery Model |
|--|--|--|--|
| Mt Sinai Adolescent Health Centre | Fully Integrated service delivery through managed care plan – | Integrated care plan, research active regarding what works, links to University, commitment to evidence based practice, consumer involvement and feedback | First practitioner to engage with young people coordinates the care plan. Bi-weekly information sharing assessment – youth worker, clinical SW, Nurse etc |
| Youth One Stop Shop NZ | Single agency with integrated team | Internal protocols, policies and procedures | Range of services young people self-select |
| Communities in Schools | 2 Levels of services short terms (few hours/days) limited integration Level 2 – more long term, coordinated | CIS reps work with school community. Develop grass roots approach ; Shared perception of identified needs, goals and outcomes, shared philosophy. Develop own service model to suite local need. Ongoing evaluation, annual review, model adjustment | Development of outcome driven individual student plan. e.g case management , counseling, before and after school program, tutoring programs, individual mentoring, programs to develop literacy etc. |

Success of International Bottom Up Examples

- Medical models – clear evidence of success reductions in teen pregnancies, obesity, drug addiction etc. Operates as a training school to increase community capacity
- CIS recognised by “What Works Website” demonstrated ↓beh problems, drop out rates
↑ graduation rates hence again increased capacity.
- One Stop Shop – no data.

Australian Bottom Up Approaches

- 8 identified in the report
- 2 Victoria – Frontyard & Youth Substance Abuse Initiative
- 2 NSW - Glebe Youth Services & Youth Zone at Pole Depot Community Centre
- 3 Qld – Brisbane Youth Service, Youth at Risk Alliance, & Integrated Family and Youth Service
- 1 National –Reach Out – web based.

Note Worthy Features

- Most serve very high risk populations
- All include soft entry/engagement programs, “treatment” and ongoing monitoring
- Most have a “whatever it takes” philosophy
- All build community capacity, connectedness & a number access external resources (partnerships with universities, research expertise gov funding etc)
- Two Victorian models are very research active, committed to EBP & to evaluation of effectiveness
- Some have sophisticated integrated operating platforms (e.g. Frontyard shared use of resources, centralised data base etc)

Barriers & Enablers

Barriers to Integration

- Concern re loss of turf (your integration is my fragmentation)
- Complex reporting requirements for staff
- Individual personalities – reliance on champions threat of staff change
- Failure to formalise partnerships for the long term
- Lack of funding for integration

Facilitators of Integration

- Common vision/focus on community outcomes
- Regular review of community need and service gaps
- Commitment to working together and to honoring individual agency expertise
- Expectation that agencies will “do what it takes” to meet identified need
- Sharing of knowledge/resources

Benefits of Integration

- Enables a joined up response to “wicked” problems
- Can be very resource effective
- Enables knowledge brokering and skill sharing – building social capital
- Can lead to long term solutions to long-standing problems
- Fostering responsibility for young people’s outcome in the community

Future Implications

- Successful integration most likely needs combination of “top-down” and “bottom up” consultation, planning, governance and communication strategies
- As well as a commitment to:
 - ❖ long-term funding that supports integration processes as well as consumer outcomes
 - ❖ research informed service models and delivery of evidence based programs
 - ❖ recognizing and building on individual agency expertise
 - ❖ inclusion of strategies to facilitate engagement with hard to reach youth
 - ❖ inclusion of strategies to increase community capacity including models of inclusive governance

Community-based Framework for Integration

- **Communities that Care** (Hawkins et al 2008) – 10-13 years
 - ❖ Aims to activate +iv change in service sector, provide a community planning system to meet local need – strong prevention approach
 - ❖ Involves community leaders from gov, NGO service sector and education providers + community members
 - ❖ Training and assistance to - Assess local need, capacity etc, plan integrated response, implement selection of EBP and evaluate

Questions and Comments



Thank you



Australian Research Alliance
for Children & Youth

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- Please take the time to complete our online evaluation form when you receive it.
- Thank you for your taking part today!